

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033504

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 374 Primary Registration District No. 6276 Registrar's No. 22

FILED SEP 6 1962

VS 300
Rev. 4/59

1/130

2/130

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9252.0

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1290-0

131-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Worth County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) West Union		Length of stay in lb 4-days	c. CITY OR TOWN Worth Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4-miles south-west		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) north part Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Bessie Cleo Pickering		4. DATE OF DEATH July 21 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/13/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home maker		10b. KIND OF BUSINESS OR INDUSTRY home-maker	9. AGE (last birthday) 70
11. BIRTHPLACE (City and state or country) Green County Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William A. Pickering		13b. MOTHER'S MAIDEN NAME Susan A. Jones	14. NAME OF HUSBAND OR WIFE never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs Mary Hiatt Grant City Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal Hemorrhage, severe			INTERVAL BETWEEN ONSET AND DEATH 3day
DUE TO (b) Hyperthyroidism			15 years
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1947 , to 7-21-62 and last saw her ^{with} alive on 7-21-62 Death occurred at 10pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank B Matteson MD		22b. ADDRESS Grant City, Mo	22c. DATE SIGNED 7-24-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/24/1962	23c. NAME OF CEMETERY OR CREMATORY Pairie Chapel	23d. LOCATION (City, town, or county) (State) Denver Missouri
24. FUNERAL DIRECTOR John Andrews Grant City Missouri		25. DATE RECD. BY LOCAL REG. August 29, 1962	26. REGISTRAR'S SIGNATURE Kate E. Dawson

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.